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Attorney Docket: 298-170

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE 2001 DEC 30 AM 10:30

Applicant: Salice

Examiner: Tran, H.V.

Serial No.: 10/047,138

Group Art Unit: 3637

Filed: January 15, 2002

Docket: 298-146

For: A LIFTING APPARATUS FOR A TWO LEAF
FOLDING FLAP

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ATTENTION: REFUND SECTION,
ACCOUNTING DIVISION,
OFFICE OF FINANCE

REQUEST FOR REFUND

I. REFUND REQUEST

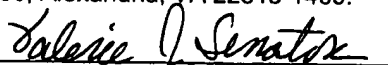
This is a request for a refund with respect to the charge to Deposit Account No. 04-1121 shown on the statement dated 9-30-04 for the above-identified application.

A copy of the monthly statement in which the error referred to occurs accompanies this request.

CERTIFICATION UNDER 37 C.F.R. §1.8 (a)

I hereby certify that this paper is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Refund Section, Accounting Division, Office of Finance, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 22, 2004


Valerie J. Senatore

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II. FEES CHARGED FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND REQUESTED
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. §1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. §1.16(e))	_____
<input checked="" type="checkbox"/> extension of term	
<input checked="" type="checkbox"/> first month	55.00
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input type="checkbox"/> excess claims	_____
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____
<input type="checkbox"/> patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> patent maintenance fee surcharge	_____
<input type="checkbox"/> other _____	_____

TOTAL REFUND REQUESTED	\$55.00

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III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

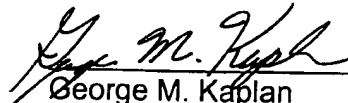
Fee was remitted by check No. 22200 received by Patent and Trademark Office on June 30, 2004.

IV. MANNER OF REFUND

X Crediting Deposit Account No. 04-1121;

— Refunding payment.

Respectfully requested,


George M. Kaplan
Reg. No. 28,375

DILWORTH & BARRESE
333 Earle Ovington Boulevard
Uniondale, NY 11553
(516) 228-8484



UNITED STATES
PATENT AND
TRADEMARK OFFICE

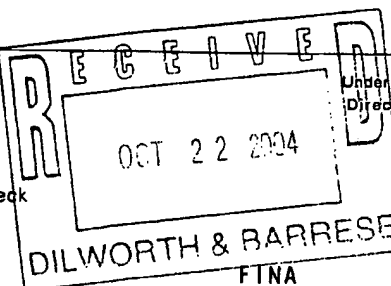
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MONTHLY STATEMENT
OF DEPOSIT ACCOUNT

To replenish your deposit account, detach and return top portion with your check. Make check payable to Director of Patents & Trademarks.

DILWORTH & BARRESE
HELENE HARRISON
333 EARLE OVINGTON BLVD

UNIONDALE NY 11553



Under Secretary of Commerce for Intellectual Property and
Director of the United States Patent and Trademark Office
Washington, DC 20231
www.uspto.gov

Account No.	041121
Date	9-30-04
Page	1

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DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
9	1	04	106	6200563	1192-3 DIV CON	2551	455.00	5238.43
9	2	04	12	76469794	821-50	7004	150.00	5088.43
9	3	04	171	76234384	360-56	7003	100.00	4988.43
9	3	04	229	76234383	360-57	7003	100.00	4888.43
9	7	04	10	10004707	671-7 (P9966)	1201	86.00	4802.43
9	8	04	273	76053117	793-18	7004	150.00	4652.43
9	9	04	4	P-109429		1460	130.00	4522.43
9	9	04	93	2142948	606-37	7205	100.00	4422.43
9	9	04	94	2142948	606-37	7208	200.00	4222.43
9	9	04	95	2142948	606-37	7206	100.00	4122.43
9	14	04	95	09405328	678-362	9204	-530.00	4652.43
9	15	04	982	2188685	627-2	7205	100.00	4552.43
9	15	04	983	2188685	627-2	7208	200.00	4352.43
9	16	04	1172	76336461	933-15	7004	450.00	3902.43
9	20	04	42	2226988	373-96	8521	40.00	3862.43
9	20	04	43	2226988	373-96	8522	50.00	3812.43
9	22	04	1010	76067778	869-3	7003	100.00	3712.43
9	23	04	523	78125079	1242-2	7004	150.00	3562.43
9	24	04	24	10946838	678-1273	9204	-32.00	3594.43
9	24	04	78	10946806	678-1574 (P11620)	1201	32.00	3562.43
9	28	04	2	09294046	678-260 (P871)	1806	180.00	3382.43
9	28	04	534	6191227	188-64	1551	910.00	2472.43
9	28	04	535	6191227	188-64	1554	130.00	2342.43
9	29	04	83	10949567	678-1743 (P12509)	1202	18.00	2324.43
9	30	04	8	10047138	298-146	2251	55.00	2269.43
AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MUST ALWAYS BE ON DEPOSIT					OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
					5693.43	3986.00	562.00	2269.43

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PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 288-146
In re Application of SALICE		
Application Number	10/047,138	Filed 01/15/02
For A LIFTING APPARATUS FOR A TWO LEAF FOLDING FLAP		
Group Art Unit	3637	Examiner TRAN

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,480.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010.00

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1121

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor


☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

06/25/04
Date


Signature
George M. Kaplan (28,375)
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on.

Dated: 06/25/04.


George M. Kaplan

PAGE 19/19 * RCVD AT 9/7/2004 12:06:43 PM (EST) * SVR:USPTO-EFEXRF-1M * DNIS:8729306 * CSID:1 516 228 4975 * DURATION (mm-ss):04:46

Adjustment date: 02/08/2006
09/30/2004 LLITTLE 00000006 041121 10047138
01 FC:2251 55.00 CR